

**COMPREHENSIVE ASSESSMENT  
APPRAISAL RECORD**

EDUCATOR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

This form is to be completed after each planning, observation, reflection cycle. Feedback regarding areas not included in the observation process such as the Educator Information Record may be included.

**Feedback regarding Performance Standards:****Evaluator/educator comments regarding the educator's evaluation to this point:****The signatures below indicate that the above information has been shared and discussed.**\_\_\_\_\_  
*Educator*\_\_\_\_\_  
*Evaluator*

